

## GENERAL *continued*

Containing the cost of third-molar extractions: a dilemma for health insurance . . . . .	376
<i>Jay W. Friedman</i>	
Routine EEG vs. intensive monitoring in the evaluation of intractable epilepsy . . . . .	384
<i>Thomas R. Perry, Robert J. Gumnit, John R. Gates, and Ilo E. Leppik</i>	
Primary care in an underserved rural area: the Goodlark experience in Middle Tennessee . . . . .	390
<i>James S. Powers</i>	
The frequency of complications in cesarean and noncesarean deliveries, 1970 and 1978 . . . . .	396
<i>Paul J. Placek and Selma M. Taffel</i>	

## DEPARTMENTS

### PREVENTION BRIEFS

Summary of market research for "Healthy Mothers, Healthy Babies" campaign, <i>Clarissa K. Wittenberg</i> — Pediatricians launch drive to cut childhood injuries — The Secretary's award for outstanding achievement in community health promotion — Results of new research to identify children at risk of mental health problems, <i>Marilyn Sargent</i> . . . . .	356-360
--	---------

### PROGRAMS, PRACTICES, PEOPLE

Public Health Service offers epidemiology training — New look at violent youth who abuse drugs and alcohol — Robert Wood Johnson Foundation, HCFA, NGA join in cost-containing program — Early detection and treatment of ulcers is stressed in new free-loan film — HHS establishes task force on Alzheimer's disease — Alzheimer's disease linked to specific brain lesion — NIH conference on precursors of malignant melanoma — Medical care expenditures survey tapes on file at NTIS — U.S. infant mortality rate lowest ever recorded — A new free-loan film, "Becoming a Family," zeroes in on 1980s parenting . . . . .	401-404
--	---------

### EDUCATION NOTES

Current issues and trends in controlling occupational exposures to RF/microwave radiation — Annual joint conference on industrial hygiene and safety . . . . .	405
--	-----

### PUBLICATIONS

Federal . . . . .	405-406
Non-Federal . . . . .	406-407

**PHOTO CREDITS** Pages 337, 338, and 340, ADAMHA News; pages 386 and 403, National Institute of Neurological and Communicative Disorders and Stroke.



U.S. DEPARTMENT OF HEALTH  
AND HUMAN SERVICES  
Margaret M. Heckler, Secretary



PUBLIC HEALTH SERVICE  
Edward N. Brandt, Jr., MD, PhD  
Assistant Secretary for Health

PUBLIC HEALTH REPORTS  
(USPHS 324-990)  
ISSN 0090-2818

#### Editorial Board

Dr. C. Everett Koop, Surgeon  
General and Chairman  
Dr. George E. Hardy, Jr., CDC  
Dr. Robert S. Gordon, Jr., NIH  
Dr. Everett Rhoades, HRSA  
Dr. Stuart Nightingale, FDA  
Dr. Harold A. Pincus, ADAMHA

Marian Priest Tebben, Editor  
Ellen Casselberry, Assistant  
Executive Editor  
Virginia M. Larson, Managing  
Editor  
Ron Kostraba, Art Director  
Rick Mowery, Art Production

Opinions expressed are the  
thors' and do not neces-  
reflect the views of *Public H*  
*Reports* or the Public Health S  
ice. Trade names are used  
identification only and do  
represent an endorsement by  
Service.

#### Address correspondence to:

Editor, *Public Health Reports*  
Room 814, Reporters Building  
300 Seventh St. SW  
Washington, D.C. 20201  
AC 202: 426-5146

#### Subscription Information

*Public Health Reports* is for  
by the Superintendent of D  
ments, U.S. Government Pr  
Office, Washington, D.C. 20  
All correspondence about  
subscriptions (for example, d  
of address or failure to recei  
issue) should also be addres  
the Superintendent of Docu

**NEW SUBSCRIPTION POLI**  
**EFFECT** Because of incr  
costs for publishing and the  
tions in Federal spending,  
*Health Reports* no longer c  
provided free of charge to  
persons, organizations, and  
cies that received complim  
copies in the past.

Please use the subscrip  
on the last page and send i  
with your payment to the S  
tendent of Documents.

Public Health Service has provided additional information to all establishments that collect blood and plasma on steps to be taken to prevent the spread of AIDS. A new heat treated factor VIII concentrate has become commercially available which should further reduce the risk of AIDS to individuals with hemophilia. The Conference of State and Territorial Epidemiologists adopted a resolution that AIDS should become a reportable disease in all States and acted to improve reporting and surveillance procedures for AIDS.

Recently, there has been increased concern expressed as to the nature of the risk of this disease to the general public; concern generated because of reports of the spread of AIDS through routine family contact and through heterosexual contact. These are important findings, but they are not entirely new findings either to us or to the public. It is important to note that, in the months since these observations, there has been no appreciable change in the percentage of AIDS patients (approximately 6 percent) who do not fit into one or more of the four previously identified high risk populations. In addition, there have been no cases of suspected transmission of AIDS from a patient to a health care provider, nor have there been any cases of suspected transmission of AIDS from laboratory specimens to laboratory

workers. It is important to emphasize that evidence to date indicates AIDS is *not* spread by casual contact. On the contrary, our findings indicate that AIDS is spread through sexual contact, through the sharing of needles by drug abusers and, less commonly, through blood or blood products, or both. For these reasons, there is no cause for fear among the general public that they may develop AIDS through casual contact with an AIDS patient.

Having said that to date there appears to be no cause for general public alarm, it is equally important to emphasize that there is *great* urgency for medical science to exert our maximum effort to identify the cause of this mysterious and cruel illness and to develop effective therapeutic and preventive measures in the shortest time humanly possible. The articles which follow in this issue of *Public Health Reports* summarize our efforts to date. They should provide not only useful resource material to each of the readers of this journal, but serve as an important chronicling of current events and new initiatives in our efforts to combat AIDS. I look forward to the day when I will be able to report on the answers to the major AIDS questions which still await definition.

Edward N. Brandt, Jr., MD, PhD  
Assistant Secretary for Health

### **AIDS Hotline, Bulletin Launched**

A special initiative to inform the public about acquired immune deficiency syndrome (AIDS) has been announced by Health and Human Services Secretary Margaret M. Heckler.

A toll-free hotline on AIDS (800: 342-AIDS) became available to the public at the beginning of July. Employees of the U.S. Public Health Service answer calls between 8:30 am and 5:30 pm EDT, Monday through Friday. Callers from Hawaii and Alaska may phone collect on 202: 245-6867.

For health professionals, researchers, and State or local officials and other groups concerned with AIDS, the Public Health Service has launched a bi-weekly "AIDS Information Bulletin," which describes PHS projects to determine the cause and find treatments for the disease. The bulletin will be issued on

the first and third Mondays of every month. To receive it (free) write: Office of Public Affairs, PHS, Hubert H. Humphrey Bldg., Rm. 721H, 200 Independence Ave., S.W., Washington, D.C. 20201.

For the general public, PHS has developed a new leaflet, "Facts on AIDS," which contains the latest information on the disease. Free copies of the leaflet, which will be revised and reprinted as new information becomes available, can also be ordered from the PHS Office of Public Affairs.

By late June 1983, AIDS had been diagnosed in 1,641 Americans, and there had been 644 deaths from the disease. The Public Health Service has targeted more than \$14.5 million for AIDS research in fiscal year 1983, and the Administration has requested congressional authority to reprogram an additional \$12 million for AIDS this year from other Department of Health and Human Services funds.

*'An effective means of prevention is not available today because the agent of AIDS and the pathway of its transmission are unknown; clinicians are therefore forced to focus on alleviation of symptoms.'*

infectious—period of AIDS, a continued rise in morbidity and mortality for an extended period must be anticipated. As one scientist close to the NIH research effort on AIDS said recently: "Optimism about the ultimate conquest of AIDS is based on the fact that the finest minds and most advanced technology are focused on the problem today. Given the present state of our knowledge and the complexities of the problem, however, one must conclude realistically that the epidemic of AIDS will get worse before it gets better."

## References

1. Gottlieb, M. S., et al.: *Pneumocystis carinii* pneumonia and mucosal candidiasis in previously healthy homosexual men: evidence of a new acquired cellular immunodeficiency. *New Eng J Med* 305: 1425-1431, Dec. 10, 1981.

2. Masur, H., et al.: An outbreak of community-acquired *Pneumocystis carinii* pneumonia: initial manifestation of cellular immune dysfunction. *New Eng J Med* 305: 1431-1438, Dec. 10, 1981.
3. Siegal, F. P., et al.: Severe acquired immunodeficiency in homosexual males, manifested by chronic perianal ulcerative herpes lesions. *New Eng J Med* 305: 1439-1444, Dec. 10, 1981.
4. Cryptosporidiosis: assessment of chemotherapy of males with acquired immune deficiency syndrome: *MMWR* 31: 589-592, Nov. 12, 1982.
5. Ziegler, J. L., et al.: Outbreak of Burkitt's-like lymphoma in homosexual men. *Lancet* No. 8299: 631-633, Sept. 18, 1982.
6. Safai, B., and Good, R. A.: Kaposi's sarcoma: a review and recent developments. *CA* 31: 1-12, (1982).
7. Friedman-Kien, A. E., et al.: Disseminated Kaposi's sarcoma in homosexual men. *Ann Intern Med* 96(6 pt. 1), 693-700 (1982).
8. Poiesz, B. J., et al.: Detection and isolation of type C retrovirus particles from fresh and cultivated lymphocytes of a patient with cutaneous T-cell lymphoma. *Proc Am Acad Sci* 77: 7415-7419 (1980).
9. Gallo, R. C., et al.: Isolation of human T-cell leukemia virus in acquired immune-deficiency syndrome (AIDS). *Science* 220: 865-867, May 20, 1983.
10. Gelmann, E. P., et al.: Proviral DNA of a retrovirus, human T-cell leukemia virus, in two patients with AIDS. *Science* 220: 862-864, May 20, 1983.
11. Essex, M., et al.: Antibodies to cell membrane antigens associated with human T-cell leukemia virus in patients with AIDS. *Science* 220: 859-862, May 20, 1983.
12. Barre-Sinoussi, F., et al.: Isolation of a T-lymphotropic retrovirus from a patient at risk for acquired immunodeficiency syndrome (AIDS). *Science* 220: 868-871, May 20, 1983.

## NIH Scientific Workshops on Acquired Immune Deficiency Syndrome

Since the beginning of 1983, components of the National Institutes of Health (NIH) have held three major scientific workshops to share information about acquired immune deficiency syndrome (AIDS) with the scientific community and with the public and to encourage additional research on the problem.

### SAIDS Workshop

The Division of Research Resources (DRR), the NIH component that supports seven regional primate research centers around the country, held a workshop on March 2 on a naturally occurring disease in monkeys, termed simian acquired immune deficiency syndrome (SAIDS), reported by two regional primate research centers. Clinical findings in the monkeys bear considerable resemblance to those in human AIDS, and it is hoped that further investigation of the occurrence will provide useful information to those studying human AIDS. Control of SAIDS among the monkeys could be an important step toward understanding of AIDS and would help preserve

the animal colonies, which are a valuable resource for other research projects.

The New England Regional Primate Research Center, a Harvard Medical School facility, reported SAIDS in 15 macaques (*Macaca cyclops* and *Macaca mulatta*), and the California Primate Research Center at Davis experienced four separate outbreaks since 1969 involving approximately 200 monkeys (*M. mulatta* and *Macaca arctoides*). It is not known whether the disorders at the two centers are identical; their etiology is unknown. The disease in monkeys is apparently spread by close contact. The outbreaks reported at the meeting occurred in monkeys living in groups housed in separate corrals. The most recent outbreak in California occurred when 56 new *M. mulatta* (most of them females) were placed in August of 1981 in a corral holding 8 seemingly normal female monkeys who had survived an earlier epidemic in that corral. By May 1983, 32 of the animals, all females and mostly young animals, showed signs of SAIDS, and 27 died. Four of the eight original monkeys were among those stricken with SAIDS.

SAIDS appears to be comparable to human AIDS in that the animals have opportunistic infections, including *Pneumocystis carinii* pneumonia, sarcoma, and lymphomas (a very uncommon finding among monkeys). Preceding the

onset of these serious illnesses, fever, weight loss, diarrhea, and generalized lymphadenopathy are seen. But there are some important differences: monkeys with SAIDS have not uniformly been found to have the dramatic reversals in T-cell ratios common in AIDS. This may, however, be because the monoclonal antibody techniques applied in studies of human AIDS are not available for the other primate species. Another difference is that many SAIDS animals have a progressive decrease in immunoglobulin levels and show susceptibility to bacterial infections normally associated with immunoglobulin deficiency. This is not seen in AIDS patients, who, instead, are vulnerable principally to intracellular diseases. Moreover, while AIDS has been seen primarily in male homosexuals, SAIDS is seen in both males and females.

Despite these differences, it is generally agreed that continued research on SAIDS is important in learning more about human AIDS. Stimulated by discussions at the workshop, scientists at the primate research centers and at NIH are attempting to transmit a hypothetical infectious agent by inoculating a small number of normal monkeys with tissues taken from monkeys with SAIDS.

#### **AIDS Conference for Viral Disease Experts**

On April 5-6, the National Institute of Allergy and Infectious Diseases (NIAID) invited approximately 70 scientific experts on viral diseases to share expertise and experiences related to AIDS. Participants included investigators who have been successful in identifying previously unknown infectious agents, including some viruses now commonly seen in AIDS patients. At the meeting, scientists reviewed characteristics of viruses such as cytomegalovirus, adenoviruses, retroviruses, and parvoviruses; discussed the possible relationship of these viruses to the symptoms and other clinical findings common in AIDS patients; and described methodologies used in working with the viruses. The ability of particular viruses to change their attack from one species to another was also explored in order to pursue the possibility that an animal virus may have become active in man. Viruses discussed at the workshop included some that have caused similar, although not identical, diseases in animals.

Participants agreed that the broadest range of virological diagnostic techniques should be used to provide maximum opportunities for finding an infectious agent in AIDS. They reported that extensive testing for viruses has already begun. Body fluid samples have been injected into animals, both primates and rodents, to try to transmit the disease. Scientists are using a wide variety of tissue cultures in attempts to identify new agents and are testing the blood of AIDS patients for antibodies that might indicate exposure to new or unusual viruses. The participants agreed that the extension of this research, especially efforts to transmit AIDS to susceptible primates, must have the highest priority.

A major result of this meeting was the exchange of current AIDS information among some of the most influential infectious disease investigators in this country. Their interest and participation in this expanding effort are vital to the goal of identifying the infectious agent responsible for this disease. The workshop also stimulated plans for the exchange of valuable resources such as patient blood samples and other tissues and materials. The scientists also discussed the collaborative use of new technologies such as immunoelectron microscopy and molecular biology techniques to provide greater sensitivity in the detection of new viruses.

At the conclusion of the meeting, the National Cancer Institute and the NIAID announced that they would soon

issue a joint request for cooperative agreement applications for research to find the agent that causes AIDS. The two Institutes will set aside approximately \$2 million to fund the first year's awards.

#### **AIDS Workshop on Blood and Blood Products**

The National Heart, Lung, and Blood Institute's (NHLBI) Division of Blood Resources held a workshop on March 15, attended by 35 scientists, clinicians, and administrators from around the country, to review recent developments relating to AIDS, with special emphasis on possible transmission of the disorder by blood and blood products. Epidemiological, immunological, virological, and clinical aspects of AIDS in recipients of blood products were presented and discussed.

At the time of the meeting, 14 hemophiliac patients with AIDS had been identified by the Centers for Disease Control (CDC), but, since there is no specific test to diagnose the disease, some investigators could not agree unequivocally that all had AIDS. Its possible transmission by blood products also has not yet been firmly established. Data were presented which confirmed observations that normal hemophiliacs, as well as those with AIDS, show abnormal immunological profiles. More than half of the normal hemophiliacs tested by the CDC showed abnormal T-cell helper-to-suppressor ratios. Normal hemophiliacs also have circulating immune complexes and abnormal *in vitro* lymphocyte stimulation responses to both nonspecific mitogens and specific antigens. It is becoming increasingly clear that hemophiliacs who receive cryoprecipitate display abnormal T-cell helper-to-suppressor ratios similar to those hemophiliacs who receive Factor VIII concentrates. Furthermore, it was reported that there is some relationship between the amount of Factor VIII concentrate a hemophilia patient receives and the degree of the abnormality in the T-cell helper-to-suppressor ratio.

Representatives of CDC reported on 12 patients who may have developed AIDS subsequent to receiving one or more blood transfusions. In each case, at least one suspect donor has been identified; half of the cases are in females and all are from endemic areas. Several new potential surrogate tests for AIDS were described at the meeting, including tests for alpha-1-thymosin, beta-4-thymosin, beta-2-microglobulin, and acid-labile alpha interferon; all these are in a preliminary phase of testing and require further investigation.

At the conclusion of the meeting, participants developed a list of possible research areas useful to explore. These included the development of specific or surrogate tests for AIDS, prospective studies on the variability of the various *in vitro* lymphocyte tests used in the study of AIDS, immunologic study of lymphadenopathy patients without AIDS, study of the role of granulocyte function in hemophilia patients with AIDS, epidemiologic study of the immunological profile of hemophilia patients from geographic areas where AIDS has not appeared, and study of host factors that determine susceptibility to AIDS. Two suggestions—a study of tests to detect those at risk for transmitting AIDS through blood and an epidemiologic, longitudinal study on blood recipients—were presented recently to the Blood Diseases and Resources Advisory Committee of the NHLBI. It is expected that, following review by the NHLBI Advisory Council in mid-May, requests for proposals or applications will be issued to encourage the scientific community to prepare research project applications in those areas.

---

## EDUCATION NOTES

---

**Current Issues and Trends in Controlling Occupational Exposures to RF/Microwave Radiation.** The Rocky Mountain Center for Occupational and Environmental Health, a National Institute of Occupational Safety and Health resource center at the University of Utah, will present this course on October 11-13, 1983, in Salt Lake City, Utah.

It is designed for safety and health professionals including industrial hygienists and safety engineers.

Topics will include RF/Microwave Radiation, Electromagnetic Radiation, Health Effects, Instrumentation, Representative Industries, and Survey Procedures. The registration fee is \$350.

For further information, contact Katharine Bloesch, Director of Continuing Education, RMCOEH, University of Utah, Bldg. 512, Salt Lake City, Utah 84112 or telephone 801: 581-5710.

**Annual joint conference on industrial hygiene and safety.** The Rocky Mountain Center for Occupational and Environmental Health (RMCOEH), the Utah Section of the American Industrial Hygiene Association, and the Utah Chapter of the American Society of Safety Engineers are jointly sponsoring the 3rd Annual Joint Utah Conference on Industrial Hygiene and Safety. The conference

will be held September 20-22, 1983, in Salt Lake City, Utah. The RMCOEH is a National Institute of Occupational Safety and Health resource center at the University of Utah.

The conference will provide a forum for the review of current scientific technology in occupational safety and health, and for the exchange of information and ideas among health and safety professionals.

For further information, contact RMCOEH, Katharine C. Bloesch, Director, Continuing Education, University of Utah, Bldg. 512, Salt Lake City, Utah 84112 or telephone 801: 581-5710.

---

## PUBLICATIONS

---

### FEDERAL

**U.S. Government Printing Office, Superintendent of Documents, Washington, D.C. 20402.** Orders should be accompanied by check or money order and should be identified by title and GPO stock No.

**Screening and Counseling for Genetic Conditions: The Ethical, Social, and Legal Implications of Genetic Screening Counseling and Education Programs.** February 1983. *President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research.* \$5. GPO stock No. 040-000-00466-1.

**Deciding to Forego Life-Sustaining Treatment: Ethical, Medical, and Legal Issues in Treatment Decisions.** March 1983. *President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research.* \$8. GPO stock No. 040-000-00470-0.

**Implementing Human Research Regulations: The Adequacy and Uniformity of Federal Rules and of their Implementation.** March 1983. *President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research.* \$5.50. GPO stock No. 040-000-00461-8.

**Summing Up: The Ethical and Legal Problems in Medicine and Biomedical and Behavioral Research.** March 1983. *President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research.* \$5.50. GPO stock No. 040-000-00475-1.

**Securing Access to Health Care: The Ethical Implications of Differences in the Availability of Health Services, Volume One: Report.** March 1983. *President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research.* \$6. GPO stock No. 040-000-00472-6.

**Annotated Bibliography of Cause-of-Death Validation Studies: 1958-1980,** Vital and Health Statistics, Series No. 2, No. 89. *DHHS Publication No. (PHS) 82-1363.* \$4.75. GPO stock No. 017-022-00799-1.

**The Collection and Processing of Drug Information: National Ambulatory Medical Care Survey, United States, 1980, Vital and Health Statistics, Series No. 2, No. 90.** *DHHS Publication No. (PHS) 82-1364.* \$5. GPO stock No. 017-022-00791-6.

**Current Estimates From the National Health Interview Survey: United States 1981, Vital and Health Statistics, Series 10, No. 141.** *DHHS Pub-*

*lication No. (PHS) 82-1569.* \$5.50. GPO stock No. 017-022-00801-7.

**Utilization of Short-Stay Hospitals: Annual Summary for the United States, 1980, Vital and Health Statistics, Series 13, No. 64.** *DHHS Publication No. (PHS) 82-1725.* \$4.50. GPO stock No. 017-022-00788-6.

**The National Ambulatory Medical Care Survey, United States, 1979 Summary, Vital and Health Statistics, Series 13, No. 66.** *DHHS Publication No. (PHS) 82-1727.* \$5. GPO stock No. 017-022-00802-5.

**Basic Data on Women Who Use Family Planning Clinics: United States, 1980, Vital and Health Statistics, Series 13, No. 67.** *DHHS Publication No. (PHS) 82-1728.* \$4.75. GPO stock No. 017-022-00800-9.

**Disabled USA. 36-page quarterly magazine.** *President's Committee on Employment of the Handicapped.* \$9.50 annual subscription (domestic). GPO stock No. 041-000-80001-1.

---

**National Technical Information Service (NTIS), 5285 Port Royal Rd., Springfield, Va. 22161.** Full payment must accompany orders, which should be identified by title and PB number.

National Center for Devices and Radiological Health. Annual Report of the Division of Biological Effects, Fiscal Year 1981 (October 1, 1980 to September 30, 1981). *DHHS Publication No. (FDA) 83-8152. December 1982. 66 pages. Order No. PB 83-166799. \$11.50; microfiche \$4.50.*

Health Care Utilization and Expenditure Patterns: Evidence from Consumer and Physician Surveys. *DHHS Publication No. (DHPA) 13-82. May 1982. 178 pages. Order No. HRP 0904421. \$17.50; microfiche \$4.50.*

Morbidity and Health Care Utilization. *DHHS Publication No. (DHPA) 14-82. May 1982. 57 pages. Order No. HRP 0904422. \$10; microfiche \$4.50.*

Why People Smoke Cigarettes. *DHHS Publication No. (PHS) 83-50195. 1983. 5 pages. Single free copies. Public Health Service, 5600 Fishers Lane, Rm. 1-10, Park Bldg., Rockville, Md. 20857.*

Medicare: Use of Physicians' Services under the Supplementary Medical Insurance Program, 1975-1978. *DHHS Publication No. (HCFA) 03151. March 1983. 149 pages. ORD Publications, Rm. 2E6 Oak Meadows Bldg., 6325 Security Blvd., Baltimore, Md. 21207.*

Drugs Most Frequently Used in Office Practice: National Ambulatory Medical Care Survey, 1981. *Advance Data from Vital and Health Statistics No. 89. DHHS Publication No. (PHS) 83-1250. April 1983. National Center for Health Statistics, 3700 East-West Highway, Hyattsville, Md. 20782.*

## NON-FEDERAL

**Institute for Health Planning, 702 North Blackhawk Ave., Madison, Wis. 53705.**

Medicare and Medicaid: Incremental Change in Health Care Financing. By Greta McGill. March 1983. 74 pages. \$8.

Health Planning State Profiles (for Georgia, Louisiana, Nebraska, Ohio, Michigan, Florida, Iowa, Missouri, and Tennessee). March 1983. \$1.50 each.

**Public Affairs Committee, Inc., 381 Park Ave., South, New York, N.Y. 10016.**

Getting Help for a Disabled Child—Advice From Parents. By Irving R. Dickman and Sol Gordon. April 1983. *Public Affairs Pamphlet No. 615. 28 pages. 50 cents.*

Teenagers and Alcohol: Patterns and Dangers. By Jules Saltman. January 1983. *Public Affairs Pamphlet No. 612, 29 pages. 50 cents.*

Our Drinking Water: A Threatened Resource. By Marvin Zeldin. February 1983. *Public Affairs Pamphlet No. 613. 24 pages. 50 cents.*

Organizing for Community Action. By Steve Burghardt. October 1982. 120 pages. \$7. Sage Publications, Inc., 275 South Beverly Drive, Beverly Hills, Calif. 90212. (ISBN 0-8039-0206-9.)

Obstetrical Intervention and Technology in the 1980s. Edited by Diony Young. February 1983. 219 pages. \$24.95. The Haworth Press, 22 East 22nd St., New York, N.Y. 10010. (ISBN 0-86656-143-9.)

Nursing Care Plans for the Pediatric Patient. Edited by Nancy Pomeroy Nelson. April 1983. 486 pages. \$25. University of Washington Press, Promotion Department, Seattle, Wash. 98105. (ISBN 0-295-96019-1.)

Health Bookshelf. 1983 Catalog. 30 pages. \$1. Health Advancement Associates, P.O. Box 64 (CL), Essex Junction, Vermont 05452.

The Fresh Approach to a Healthy Heart. Free single copies. 12 pages. United Fresh Fruit and Vegetable Association. 727 N. Washington St., Alexandria, Va. 22314.

Induced Abortion: A World Review. By Christopher Tietze. April 1983. 116 pages. \$6. The Population Council, One Dag Hammarskjöld Plaza, New York, N.Y. 10017. (ISBN 0-87834-047-5.)

Professionalism and the Empowerment of Nursing. February 1982. 76 pages. \$6. The American Nurses' Association Publications, 2420 Pershing Rd., Kansas City, Mo. 64108.

**Association of State and Territorial Health Officials Foundation. 1311A Dolley Madison Blvd., Suite 3A, McLean, Va. 22101.**

Selected Title V Maternal and Child Health Services 1981. February 1983. 75 pages. \$3.50.

Selected Title V Crippled Children's Services 1981. February 1983. 17 pages. \$2.50.

International Year of Disabled Persons. 1983. 96 pages. Single copies free to International Year of Disabled Persons participants. For others, single copies \$9.50. National Organization on Disability, 2100 Pennsylvania Ave., N.W., Suite 232, Washington, D.C. 20037.

An Analysis of the Federal Public Health Service Budget. \$4. Coalition for Health Funding, One Dupont Circle, N.W., Washington, D.C. 20036.

Nutrition Services for Children with Handicaps. A Manual for State Title V Programs. 44 pages. \$3.75. University Affiliate Training Program, Center for Child Development and Developmental Disorders. Children's Hospital of Los Angeles, P.O. Box 54700, Los Angeles, Calif. 90054.

**World Health Organization (WHO), Publications Centre, U.S.A., 49 Sheridan Ave., Albany, N.Y. 12210.**

Measuring Change in Nutritional Status. 1982. 101 pages. 14 Swiss francs. (ISBN 92-4-154-166-0.) French and Spanish editions in preparation.

Estimating Human Exposure to Air Pollutants. 1982. 59 pages. 8 Swiss francs. (ISBN 92-4-170069-6.)

Nuclear Power: Management of High-Level Radioactive Waste. WHO Regional Publications, European Series No. 13. 1982. 63 pages. 10 Swiss francs. (ISBN 92-890-1104-1.)

The Place of Epidemiology in Local Health Work: The Experience of a Group of Developing Countries. 1982. (WHO Offset Publication No. 70.) 43

pages. 8 Swiss francs. (ISBN 92-4-170070-X.)

National Experience in the Use of Community Health Workers: A Review of Current Issues and Problems. By V. Ofosu-Amaah. 1983. (WHO Offset Publication No. 71.) 49 pages. 8 Swiss francs. (ISBN 92-4-170071-8.)

Micropollutants in River Sediments. 1982. *EURO Reports and Studies* No. 61. 85 pages. 8 Swiss francs. (ISBN 92-890-1227-7.)

Medical and Social Problems of the Disabled. By V. Kallio. 1982. *EURO Reports and Studies* No. 73. 35 pages. 4 Swiss francs. (ISBN 92-890-1239-0.)

Changing Patterns in Suicide Behaviour. 1982. *EURO Reports and Studies* No. 74. 45 pages. 4 Swiss francs. (ISBN 92-890-1240-4.)

Vaccination Certificate Requirements for International Travel and Health

Advice to Travellers. 1983. 70 pages. 12 Swiss francs. (ISBN 92-4-158008-9.)

Evaluation of Certain Food Additives and Contaminants. 1982. *WHO Technical Report Series* 683. 51 pages. 5 Swiss francs. (ISBN 92-4-120683-7.) (Arabic, French, and Spanish editions in preparation.)

International Nonproprietary Names (INN) for Pharmaceutical Substances. 1982: Cumulative List No. 6. 1982. 494 pages. 55 Swiss francs. (ISBN 92-4-056013-0.)

N-Nitroso Compounds: Occurrence and Biological Effects. Edited by H. Bartsch, I. K. O'Neill, M. Castegnaro, and M. Okada. 1982. Lyon, International Agency for Research on Cancer. IARC Scientific Publication No. 41. 755 pages. 110 Swiss francs; \$55 U.S. Distributed for IARC by WHO. (ISBN 92-8-321141-3.)

Cancer Incidence in Five Continents: Volume IV. Edited by J. A. H. Water-

house, C. S. Muir, K. Shanmugaratnam, and J. Powell. IARC Scientific Publication. 1982. No. 42. 812 pages. 100 Swiss francs; \$50 U.S. Distributed for IARC by WHO (ISBN 92-8-321142-1.)

Handbook of Resolutions and Decisions of the World Health Assembly and the Executive Board: Volume II, Fifth edition (1973-1982). 1983. 366 pages. 16 Swiss francs. (ISBN 92-4-165205-5.)

Toward 2000: The Quest for Universal Health in the Americas. By Hector R. Acuna. Scientific Publication No. 435. 1983. 145 pages. \$10. Pan American Health Organization, Pan American Sanitary Bureau, WHO, 525 23d St., N.W., Washington, D.C. 20037.

## Information for contributors

Address correspondence  
on editorial matters  
to Editor,  
PUBLIC HEALTH REPORTS,  
Room 814  
Reporters Building  
300 Seventh St. SW  
Washington, D.C. 20201  
area code 202: 426-5146

**PUBLIC HEALTH REPORTS**, published by the Public Health Service, welcomes from any source contributions of value to public health, disease prevention, health promotion, medical care, and community medicine.

We are particularly interested in publishing scientific papers concerned with the delivery of health services and with the many facets of health care, as well as technical reports documenting studies and research efforts. We also seek papers on new programs, new projects, and new ideas, even when they are experimental in nature. We want to record the current happenings in the health field.

**Manuscript form.** To facilitate review, authors should submit four copies of their manuscripts. All copy, including references, should be typed double spaced. Each chart and table should be placed on a separate sheet of paper. References should follow the style used by the journal; "et al." should be used only if there are more than four authors.

*continued on next page*



**Secondary publication and indexing.** Secondary publication of articles is provided in various abstracting journals (Abstracts for Social Workers, Current Literature in Family Planning). Articles are indexed in the annual Cumulated Index Medicus and monthly Index Medicus (National Library of Medicine), Engineering Index, Hospital Literature Index (American Hospital Association), Cumulative Index to Nursing and Allied Health Literature, American Statistics Index, and Medical Socioeconomic Research Sources (MEDSOC), as well as in the Institute for Scientific Information's Current Contents (Social and Behavioral Sciences, Life Sciences, and Physical & Chemical Sciences), Social Sciences Citation Index, Bibliographic Index of Health Education Periodicals, and Science Citation Index.

## 408 Public Health Reports